4: Joseph et al D, E-5 (1942-1943) 1949
NU28 Papago NU28

government and religious boarding schools whose aim was to make Indians as rapidly as possible into white men. Strict and often military discipline prevailed. Papago who went to these schools often feel that the present government schools do not make the pupils work hard enough and that discipline is lax. The boys, they say, are not receiving the rigorous training for leadership that they themselves acquired. They admit, however, that the present religious schools, where more conservative curriculum and strict discipline prevail, do not produce leaders either; they train for obedience rather than leadership.

How much the education offered in either the religious or the Indian Service schools "takes" appears to be partly a matter of the child's attitude and that of his parents. Many who have been in school learned so little that their schooling seems to have made little difference to them. On the other hand, most of the village chiefs and the rising leaders are men who have learned to speak English in school, and the majority of them come from districts where schools are well established. In such districts are seen the tin roofs, stoves, refrigerators, cars, and radios of the more acculturated Papago, the desire for which is often acquired in school. There is also evident among the Papago who have been to school a tendency to mingle more freely with people other than relatives. School friendships are helping to break down the old barriers between kin and nonkin and thus are helping to make the Papago more one people.

PAPAGO HEALTH AND MEDICAL SERVICES

One of the prime objectives of the Agency is to improve Papago health. The birth rate on the three reservations in 1943 was estimated at 42.3 per thousand population, as compared with 23.9 for all United States Indians, and 19.5 for the country as a whole. But the estimated death rate was 32.5 per thousand, as against 13.3 for all Indians, and 10.5 for the United States. In proportion to population, many more Papago babies are born than white, but a much larger proportion die; infant mortality in 1943 is believed to have been 258 per thousand live births as against 40 for the country as a whole. Tuberculosis is exceedingly common; while the exact incidence is not known for lack of examination facilities, the mortality rate was estimated at at least 300 per 100,000 populaton, on the basis of diagnosed cases alone, or about seven times the rate for the country as a whole. Nutritional diseases and bad teeth are also common.[5]

To cope with these medical problems, the Agency has one thirty-eight-bed hospital at Sells,[6] with a normal staff of one white senior physician and six

5. For a discussion of the health of Papago children see chap. xii.
6. This hospital burned down in the summer of 1947.

4: Joseph et al D, E-5 (1942-1943) 1949
NU28 Papago NU28

561 856 that define passage from one stage to another—the birth ceremony and the girl's puberty rite—are private occasions which do not serve as announcements but merely as insurance of the well-being of the individual and his family. The terms the Papago use show their indifference to time concepts: the tiny infant is called "just born"; "child," "boy," or "girl" are used from infancy to adolescence, and "girl youth" or "boy youth" between puberty and marriage. In other words, between early infancy and marriage the Papago recognize only two stages: before and after pubescence. However, there is no more radical change in behavior patterns at pubescence than at any other time.

856 861 This distinction illustrates very well the usual child development pattern of the Papago; training is informal and leisurely, attuned to the child's natural pace and accomplished with little conscious planning. The process is continuous, with few absolute landmarks; one phase blends into and overlaps those preceding and following it. Small wonder that the Papago use biological manifestations to mark the changes.

128 Since this study is written for readers who are accustomed to the white pattern of clear age groups and because such classification facilitates comparison with child development elsewhere, the 0–4, 5–10, and 11–18 age groups will be used here. We now turn to the first phase.

BEFORE THE BABY IS BORN

163 Papago children are more widely spaced than among some Indian tribes and white groups of similar economic status. There are a few families in which a child is born every year, but, judging from census records, in most families births occur from eighteen to thirty months apart.[1] Considering the death rate among Papago children, the average is near the lower end of this range. Most of the women seem to prefer not having a child every year because they feel that they cannot adequately care for so many children and will be likely to [842] lose them. But, as noted in chapter iv, apparently most women take no contra- 846] ceptive measures, and the taboo on intercourse for a month after childbirth no longer prevails.

843 Life goes on much as usual for the expectant mother, and there appears to be little illness in connection with pregnancy. No special considerations are shown her, and the pregnant woman performs all her usual tasks, lest she have a difficult birth. On the other hand, she is not segregated or given extra duties.

Some taboos are still in force for prospective parents. They must stay away from animals that make children sick, and they must not touch animal blood. The father avoids killing rattlesnakes and rabbits, but most men no longer re-

1. This statement is qualified by the unconcern with chronology noted above.